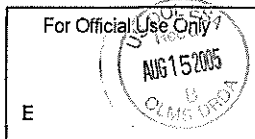


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6525	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JOSEPH W. BEASLEY P.O. Box, Bldg., Room No., if any Street 102 SIKI DR. City PITTSBURGH State PA ZIP Code + 4 15239	4. Name, file number, and address of labor organization. Name INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL #66 Labor Organization File Number 034965 P.O. Box, Building and Room Number, if any Street 300 SECO ROAD City MONROEVILLE, State PA ZIP Code + 4 15146
5. Position in labor organization. COORDINATOR OF ORGANIZING / RECORDING CORRESPONDING SEC.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph W. Beasley</u>	On <u>8/11/05</u> Date	<u>412/841/15174</u> Telephone Number

Name of Person Filing	JOSEPH W. BEASLEY	File Number U-
-----------------------	-------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name OPERATING ENGINEERS LOCAL #66 COMBINED FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street PO BOX 17230</p> <p>City PITTSBURGH, PA</p> <p>State PA ZIP Code + 4 15235</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name OPERATING ENGINEERS CONSTRUCTION INDUSTRY AND MISCELLANEOUS PENSION AND WELFARE FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street PO BOX 17230</p> <p>City PITTSBURGH, PA</p> <p>State PA ZIP Code + 4 15235</p>	<p>11.a. Nature of such dealing.</p> <p>I WAS A TRUSTEE ON BOTH THE OPERATING ENGINEER CONSTRUCTION INDUSTRY AND MISCELL- ANEOUS PENSION FUND AND THE OPERATING ENGINEERS WELFARE FUND. I ATTENDED AN EDUCATIONAL SEMINAR... PAYMENTS CONFERENCE AND HOTEL REGISTRATION - \$1,265 RECEIVED TRANSPORTATION AND EXPENSES ADVANCED - \$3,600</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>I RECEIVED PAYMENT OF CONFERENCE AND HOTEL REGISTRATION FEES OF \$1,265 AND AN ADVANCE FOR TRANSPORTATION AND EXPENSE OF \$3,600. THE EXCESS FUNDS WERE REIMBURSED TO THE TRUST FUNDS.</p> <p>12.b. Amount. \$4,865</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>JOSEPH W. BEASLEY</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>WESTERN PENNSYLVANIA OPERATING ENGINEERS JOINT APPRENTICESHIP TRAINING PROGRAM</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>107 OPERATORS WAY</u></p> <p>City <u>NEW ALEXANDRIA, PA</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15670</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p>c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>WESTERN PENNSYLVANIA OPERATING ENGINEERS JOINT APPRENTICE AND TRAINING PROGRAM</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>107 OPERATORS WAY</u></p> <p>City <u>NEW ALEXANDRIA</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15670</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>I ATTENDED THE GRADUATION CEREMONY OF THE WESTERN PENNSYLVANIA OPERATING ENGINEERS JOINT APPRENTICE AND TRAINING PROGRAM.</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>I RECIEVED COMPLIMENTARY TICKETS TO THIS EVENT AT A COST OF \$60</u></p> <hr/> <p>12.b. Amount. <u>\$ 60</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>